

SECRET

Approved For Release 2002/05/10 : CIA-RDP78-04484A000100040021-5

<b>AGENCY TRAINING: INTERNAL</b>  <b>(Course Roster)</b>		CHIEF INSTRUCTOR		COURSE						AGENCY		NONAGENCY	
										ENROLLED		INCOMPLETE	
										COMPLETED		CANCELED	
TYPE	COURSE CODE	FACIL CODE	LOC	TOT HOURS	FROM DATE (m-d-y)	TO DATE	CONDITION	PHASES	FT/PT/COMB				
I	2-8	9-13	14-16	17-19	20-25	26-31	32	33	34-37				
NO.	EMPL NO.	NAME		SEX	YOB	D-N-R	EOD	OFF	GRADE	SD	REMARKS	TR	
	38-43	44-46		47	48-49	50	51-54	55-58	59-60	61-63			
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NO.	EMPL. NO. 38-43	44-46	NAME	SEX 47	YOB 48-49	D-N-R 50	EOD 51-54	OFF 55-58	GRADE 59-60	SD 61-63	REMARKS	TR
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Date:

COMPONENT TRAINING REPORT, FY 1970 or

REQUEST FOR COURSE APPROVAL (strike out one)

DIRECTORATE - \_\_\_\_\_ COMPONENT - \_\_\_\_\_

1. Title of Course: \_\_\_\_\_
2. Building or Location: \_\_\_\_\_
3. For an end-of-course report use Form 1961 in place of the following (a-e):
  - a. Length (weeks, days or hours): \_\_\_\_\_
  - b. Full Time ☐ Part Time (indicate hours each session) ☐
  - c. Regularly Scheduled ☐ Scheduled as Required ☐
  - d. Dates course was or will be given: \_\_\_\_\_
  - e. Number of students: \_\_\_\_\_
4. Objectives of course:
5. Prerequisite for course:
6. Type of presentation (seminar, lecture, field exercise, tutorial):
7. Instructor(s) (by name, including qualifications):
8. Cost of course (exclude student salaries, part-time instructors and clerical help, but include salaries of full-time instructors, travel, administration, training aids, etc.):
9. Comment on future plans for this course:
10. Will written student critiques be available for review?:
11. Remarks (include training aids, special techniques or methods, field trips, etc. used) (Use additional sheet, if necessary):

\_\_\_\_\_  
Component Training or Reporting Officer

12. Evaluation or Recommendation (strike one) regarding course by OTR School Chief including objectives, course content, teaching methods, effectiveness of training and method or means of assessment or appraisal: (Use additional sheet(s) if necessary)

(original and two copies) \_\_\_\_\_  
S E C R E T OTR School Chief Date  
(When Filled In)